Name in Full Bertha Anderson

Certificate of Death

Died at Town: Near Centreville County: Queen Anne MARYLAND

Date 1899 Month: 7 Day: 24 Age Y. M. D.: 11 2 Native of: Md Occupation: Nursing

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Emanuel Anderson

Mother's Name: Rachael Anderson

Cause of Death: Primary: Entero Colitis 82 How long sick: 2 weeks

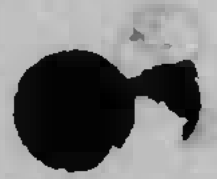
Immediate: Exhaustion Accident, Suicide, Homicide

Reported by J M Corkran M.D.

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full Wm Ellis Bedford

Certificate of Death

Town Queenstown County Queen Anne's

Died at MARYLAND

Date 189 9 Month July Day 18 | Age Y. 1 M. 10 D. | Native of Penn | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name Wm Bedford | Mother's Name Carrie Marsh

Cause of Death — Primary: Entero Colitis 12 | How long sick

Immediate: Exhaustion | Accident, Suicide, Homicide

Reported by Chas Corkran M D

Address Queenstown Queen Anne Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Phil Blake

Certificate of Death

Died at Town Centreville County Queen Anne MARYLAND

Date 189 9 Month 7 Day 16 Age Y. M. D. Native of Occupation lwd carrier

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husbend of Wife

Father's Name

Mother's Name 57

Cause of Death Primary Heart disease superin-

Immediate duced by asthma

How long sick

Accident, Suicide, Homicide

Reported by Transcript 7-20

Address

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full William Bordley

Certificate of Death

Died at Town Centreville County Queen Anne MARYLAND

Date 1899 Month 7 Day 19 Age Y. 71 M. D. Native of Md Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living none

Husband of Wife —

Father's Name — Mother's Name —

Cause of Death: Primary Diabetes 28 How long sick 5 weeks

Immediate Diabetic Gangrene Accident, Suicide, Homicide

Reported by J M Dorkran M D

Address Centreville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Edward Brooks

Certificate of Death

Died at Near Town Church Hill County Queen Annes MARYLAND

Date 1899. Month July Day 6 | Age Y. 39 M. – D. – | Native of Md | Occupation Labor

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Lizzie Brooks

Father's Name Lorenzo Brook

Mother's Name Marah Brooks

Cause of Death: Primary Consumption 22a

Immediate

How long sick 3 Months

~~Accident, Suicide, Homicide~~

Reported by J K Brown

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. Widow

of Church Hill Md.

8-29

Seen by Coroner

of

Information contained in this certificate re
ceived from ~~Lyon~~ Lorenzo Brooks

of Church Hill Md.

Name in Full Louise Bryan

Certificate of Death

Died at Town Fords Store County Queen Annes MARYLAND

Date 189 9 Month July Day 28 Age Y. — M. 6 D. 4 Native of Fords Store Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ single ~~Widower~~ Number of children living

Husband of Wife — 82

Father's Name Wm. E. Bryan Mother's Name Annie Bryan

Cause of Death Primary Teething & improper feeding How long sick 23 days

Immediate Acute Gastro-Enteric Infection Accident, Suicide, Homicide

Reported by Chas. F. Davidson

Address Queenstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Charles Capel

Certificate of Death

Died at Near Church Hill (Town) Queen Annes (County) MARYLAND

Date 1890 July (Month) 9 (Day) | Age Y. 33 M. 3 D. 18 | Native of England | Occupation "Oysterman"

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced

Number of children living 4

Husband / Wife of Sarah Capel

Father's Name Edw. Capel

Mother's Name Emma Capel

Cause of Death: Primary Typhoid fever / Immediate

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by J K Brown Undertaker

Address Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full — Certificate of Death

Wm Henry Collison

Died at — Town: Piney Neck — County: Queen Anne — MARYLAND

Date 1899 — Month: 7 — Day: 1 — Age: Y. 78 M. D. — Native of — Occupation

Male ~~Female~~ — ~~White~~ Colored — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living 6

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis — How long sick: 44

Immediate — Accident, Suicide, Homicide

Reported by Enterprise 6-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. C. K. McCaslin
Wesley Chapel cemetery

Name in Full — Certificate of Death

Mrs Laura Edenfield Courcey

Died ~~near~~ Town Centreville County Q. A. MARYLAND

Date 1899 Month 7 Day 12 | Age Y. 48 M. 2 D. 23 | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~

Number of children living 5

~~Husband~~ Wife of Samuel B Courcey

Father's Name Thos Edenfield | Mother's Name Margaret Edenfield

Cause of Death: Primary Arterio-Sclerosis 5-y — How long sick 3 yrs

Immediate Cerebral Hemorrhage — Accident, Suicide, Homicide

Reported by J H Bostrau M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 68968

Name In Full Benjamin Hicks

Certificate of Death

Died at Town Near Centreville County Queen Anne MARYLAND

Date 1890 Month July Day Age Y. 75 M. D. Native of Md Occupation

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband ~~Wife~~ of Gracie Hicks

Father's Name Mother's Name

Cause of Death Primary 161 How long sick 7 weeks

Immediate Accident, Suicide, Homicide

Reported by Dawson & Whitely

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

OVER

LIBRARY BUREAU, 70[illegible]

Attended by Dr. None

95 of

Seen by Coroner

of

Information contained in this certificate received from Miss Simpson

of Centreville

Name in Full: Hester E. Jackson

Certificate of Death

Died at: Town: Ingleside County: 2. A. MARYLAND

Date 1899 Month: July Day: 30 | Age Y. 72 M. D. | Native of: Md | Occupation: Lady

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of: Richard Jackson

Father's Name: Wm. Wilson Mother's Name

Cause of Death: Primary: Chronic Rheumatism — How long sick: 2 or 3 yrs.

Immediate: Dysentery 84 — Accident, Suicide, Homicide

Reported by: F. E. Graham M.D.

Address: Ingleside Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Francis Lilghman

Died at Town Centreville County Queen Anne's MARYLAND

Date 1899 Month July Day 15 Age Y. 2 M. months D. | Native of | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Isaac Lilghman

Mother's Name Julia Lilghman

Cause of Death { Primary 161 How long sick 2 H Days

Immediate

Accident, Suicide, Homicide

Reported by Julia Lilghman

Address Centreville Q A Co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Mr. Wm. Manson

Died at Town Sudlersville County Queen Anne MARYLAND

Date 1899 Month 7 Day 2 | Age Y. 85 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husbend of Wife

Father's Name

Mother's Name

Cause of Deeth { Primary apoplexy 42 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Enterprise 7-5

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Miss Rebecca Milby

Certificate of Death

Died at Town Burnsville County F. A. MARYLAND

Date 1899 Month 7 Day 25 Age Y. 58 M. D. Native of Md Occupation Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Henry Milby

Mother's Name Sarah Milby

Cause of Death Primary Obitis Media 54

How long sick 2 months

Immediate Cerebral Abscess

Accident, Suicide, Homicide

Reported by J M Dorkraut M D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Charles Newman

Certificate of Death

Town

Died at near Star

County

Queen Anne

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
July	10	72			Md	Laborer

Date 189

Age

Male ~~Female~~

~~White~~ Colored

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living Five

Husband ~~Wife~~ of Grace Hucks

Father's Name Wm Newman

Mother's Name

Cause of Death — Primary: Paral. 44

Immediate: Exhaustion

How long sick 1 mo 2 days

Accident, Suicide, Homicide

Reported by Walter F. Fenby

Address Ruthsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988

Name in Full: Mary Valliant

Certificate of Death

Died at: Town: Church Hill — County: Queen Anne Co — MARYLAND

Date 1899: Month 7 Day 25 — Age: Y. 12 M. 11 D. — Native of: Queen Anne Co — Occupation: School Girl

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband / Wife of

Father's Name: E. S. Valliant — Mother's Name: Mary T. Faithfull

Cause of Death — Primary: Typhoid Fever — How long sick: 4 weeks

Immediate: Autonitis following Perforation — ~~Accident, Suicide, Homicide~~

Reported by: W. Frank Hines MD

Address: Chestertown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706